

AUSTRALIAN ADOLESCENTS HEADING FOR CHRONIC DISEASE

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AUSTRALIAN adolescents are exceeding screen time limits, not exercising enough, not sleeping enough and eating unhealthily, increasing their risks of developing chronic diseases in adulthood, according to research published today by the *Medical Journal of Australia*.

Dr Katrina Champion, a Senior Research Fellow at the Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney, Associate Professor Cath Chapman, and colleagues asked Year 7 students to complete an online survey about their moderate to vigorous physical activity (MVPA), sedentary recreational screen time, sleep duration, diet, and alcohol and tobacco use. A total of 6640 students, aged 11 to 14 years, completed the survey.

"Most students reported several risk behaviours (three or more, 3330 of 5315 students who provided responses for all behaviours, 62.7%; four or more, 1358 of 5315, 25.6%)," Champion and colleagues reported.

"5565 of 6478 students (85.9%) exceeded recommended television and electronic device screen time limits (two hours/day), 4969 of 6398 (77.7%) were not sufficiently active (less than 60 minutes/day MVPA), and 3682 of 6010 (61.3%) did not meet sleep guidelines (\leq 13 years: 9-11 hours/night; 14-17 years: 8-10 hours/night). Diet (self-reported sugar-sweetened beverage, fruit, vegetable, and discretionary food intake) was poor for 2920 of 5815 students (50.2%)."

Champion and colleagues also estimated the frequency of each risk behaviour by gender, remoteness, and relative socio-economic status, and the association of behaviours with socio-demographic characteristics was assessed.

"The prevalence of excessive recreational screen time (PR, 1.04), poor diet (PR, 1.15), alcohol use (PR, 1.82), and tobacco use (PR, 1.94) was higher for boys than girls; that of insufficient MVPA was lower for boys (PR, 0.88)," they reported.

"Poor diet was more prevalent among children from major cities than those from regional areas (PR, 1.20) tobacco use was less prevalent among those from higher socio-economic status areas (PR, 0.33)."

The authors acknowledged that students from higher socio-economic status areas or schools with Index of Community Socio-Educational Advantage scores in the upper



two quartiles, were over-represented in the sample, as were students from independent schools.

"Our findings highlight the need for preventive public health strategies targeting adolescent lifestyle factors that take gender, socio-economic status, and remoteness into account," Champion and colleagues concluded.

"Screening by general practitioners for the six major risk factors we have highlighted and identifying young people with multiple risk behaviours could facilitate early intervention, and brief interventions delivered in primary care or schools may be beneficial."

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